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CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **October 21, 2004**.

Irena Nikolova

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: October 21, 2004

Jennie CHING et al.

Confirmation No: 6677

Serial No: 09/538,380

Group Art Unit: 2127

Filed: March 29, 2000

Examiner: Ali, Syed J.

For: **METHOD AND SYSTEM FOR MANAGING SUBSYSTEM  
PROCESSES IN A DMD SYSTEM**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**  
**OCT 28 2004**  
**Technology Center 2100**

**AMENDMENT**

Sir:

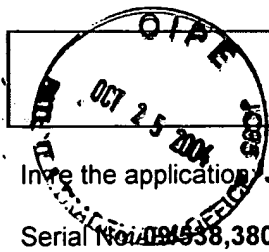
In response to the Office Action dated July 28, 2004, please amend the above-identified application in the following manner:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** being on page 8 of this paper.

10/26/2004 FFANAI2 00000017 090460 09538380

01 FC:1201 88.00 DA  
02 FC:1202 18.00 DA



## TRANSMITTAL FORM

Attorney Docket No.  
BC999068/1503P

In re the application of Jennie CHING et al.

Confirmation No: 6677

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Serial No. 091538,380

Group Art Unit: 2127

OCT 28 2004

Filed: March 29, 2000

Examiner: Ali, Syed J.

Technology Center 2100

For: Method and System for Managing Subsystem Processes in a DMD System

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	22	21	1	\$18.00	\$18.00
Independent Claims	4	3	1	\$88.00	\$88.00
				Total Fees	\$106.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$106.00 to Deposit Account No. 09-0460 (IBM Corporation) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	October 21, 2004

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Type or printed name	Irena Nikolova
Signature	